



ISDH Hospital Service Report
State Form 49476 (R /7-02)
IC 16-21-6

Status: Finalized

I. Hospital Information

Hospital Name: INDIANA ORTHOPAEDIC HOSPITAL

Provider #: 150160

City: Indianapolis

County: Marion

Year: 2021

Person Completing the Report: Jeni Bolton

Email Address: jbolton@orthoindy.com

LICENSURE, ACCREDITATION, OR DESIGNATED UNITS (check all that apply)

State Licensure: Acute License LTC Certification

Private Accreditation: JCAHO HFAP

CMS Specialized Hosp: CAH TLC Rehab

DRG Exempt: Psych Rehab Swing Bed

Number of Total Hospital Full Time Equivalents 343.93

II. Hospital Service Utilization

| Hospital Service Description | Number of Set-up Beds | Number of Discharges | Number of Patient Days | Annual Total Charges |
|------------------------------|-----------------------|----------------------|------------------------|----------------------|
| Burn Care | 0 | 0 | 0 | \$0 |
| Cardiac Intensive | 0 | 0 | 0 | \$0 |
| ICU Medical/Surgical | 0 | 0 | 0 | \$0 |
| ICU Neonatal | 0 | 0 | 0 | \$0 |
| ICU Pediatric | 0 | 0 | 0 | \$0 |

| | | | | |
|-----------------------|----|------|------|---------------|
| Medical/Surgical | 38 | 1929 | 2967 | \$451,204,105 |
| Neonatal Intermediate | 0 | 0 | 0 | \$0 |
| Normal Newborn | 0 | 0 | 0 | \$0 |
| Obstetrics | 0 | 0 | 0 | \$0 |
| Pediatric | 0 | 0 | 0 | \$0 |
| Psychiatric | 0 | 0 | 0 | \$0 |
| Rehabilitation | 0 | 0 | 0 | \$0 |
| Substance Abuse | 0 | 0 | 0 | \$0 |
| Swing Bed Program | NA | 0 | 0 | \$0 |
| Extended Care | 0 | 0 | 0 | \$0 |
| Observation Beds | 0 | 0 | 0 | \$0 |
| All Other Services | 0 | 0 | 0 | NA |
| Total Acute | 38 | 1929 | 2967 | NA |

III. Nursing Facility Utilization

| | Number of Licensed Beds | Number of Discharges | Number of Patient Days |
|------------------|-------------------------|----------------------|------------------------|
| Nursing Facility | 0 | 0 | 0 |

IV. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-9-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|-----------------------|----------------------|-----------------------|----------------------|
| Infectious Disease | 0 | HIV | 0 |
| Neoplasms | 0 | Endocrine | 0 |
| Diseases of Blood | 0 | Mental Disorders | 0 |
| Nervous | 0 | Circulatory | 0 |
| Respiratory | 0 | Digestive Diseases | 0 |
| Genitourinary | 0 | Pregnancy | 0 |
| Skin | 0 | Musculoskeletal | 0 |
| Congenital | 0 | Perinatal | 0 |

| | | | |
|--------------|---|------------------|---|
| All Injuries | 0 | | |
| Other/Known | 0 | Total Encounters | 0 |

V. Number of Outpatient Encounters By Diagnostic Group

Please identify the number of outpatient encounters for your hospital by ICD-10-CM Diagnostic Categories

| Diagnostic Categories | Number of Encounters | Diagnostic Categories | Number of Encounters |
|---|----------------------|--|----------------------|
| Certain infectious and parasitic diseases | 3 | HIV | 0 |
| Neoplasms | 498 | Endocrine, nutritional and metabolic diseases | 12 |
| Diseases of blood and blood-forming organs and certain disorders involving the immune mechanism | 2 | Mental, Behavioral and Neurodevelopmental disorders | 1 |
| Diseases of the nervous system | 1232 | Diseases of the circulatory system | 59 |
| Diseases of the eye and adnexa | 0 | Diseases of the ear and mastoid process | 1 |
| Diseases of the respiratory system | 0 | Diseases of the digestive Diseases | 2 |
| Diseases of the genitourinary system | 8 | Pregnancy, childbirth and the puerperium | 0 |
| Diseases of the skin and subcutaneous tissue | 48 | Diseases of the musculoskeletal system and connective tissue | 45567 |
| Congenital malformations, deformations and chromosomal abnormalities | 150 | Certain conditions originating in the perinatal period | 0 |
| Injury, poisoning and certain other consequences of external causes | 21913 | | |
| Other/Known | 160 | Total Encounters | 69656 |

| | | |
|-----------------|------------------|----------------------|
| Total ED Visits | ED Injury Visits | ED Injury Admissions |
| 0 | 0 | 0 |

Comments

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